

# Registration Form



Please fill out the form below and mail with your payment to:

MAILING ADDRESS: San Bruno Parks & Recreation Services Department  
567 El Camino Real  
San Bruno, CA 94066  
650-616-7180 (phone)  
650-583-2545 (fax)

PHYSICAL ADDRESS: 251 City Park Way  
San Bruno, CA 94066

Payer Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Address: \_\_\_\_\_  
(City) (Zip)

Home Phone:( ) \_\_\_\_\_ Day Phone:( ) \_\_\_\_\_ Emergency:( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Email address is optional if you would like to be included in our regular email updates.

Participant's Full Name	Grade	Sex M/F	Birthdate (all participants)	Code Number 1 <sup>st</sup> Choice	Code Number 2 <sup>nd</sup> Choice	Activity Name	Program Fee

☐ Yes, I have added \$\_\_\_\_\_ to support the Youth Recreation Scholarship Program.

Total Fees  

**Liability Release:** In consideration of my application for the above activity, I hereby waive, release, and discharge any and all claims for damage for death, personal injury or property damage, which I may have, or which may hereafter occur to me, as the result of participation in said event or activity. This release is intended to discharge in advance the City of San Bruno, its officers, employees, agents or volunteers from liability, even though that liability may arise out of negligence or carelessness on the part of persons or entities listed above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing these risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. In the interest of the safety and well being of all participants we reserve the right to deny service to any participant. By signing this release, I agree to the use of my name and/or photo for City publicity. The city is not responsible for lost or stolen items.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Consent:** (To be completed if applicant is under 18 years of age): I give my consent for my son/daughter \_\_\_\_\_ to participate in the above activity and I execute the above liability release on his/her behalf. I have read and understood the foregoing registration form, liability release form, and parental consent form, and agree to all their terms and conditions.

It's Easy! You can even use your credit card!

☐ Visa ☐ M/C

Signature \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

I authorize the above charges.

Cardholder's Name (Printed) \_\_\_\_\_